

**The Oriental Insurance Company Limited**  
**(\*Subsidiary of General Insurance Corporation of India)**

**FORM 1**  
**[Clause 20(1)]**

**FORM OF APPLICATION FRO COMPENSATION FOR SOLATIUM FUND**

I .....Son of/daughter of/widow  
of Shri..... residing at.....  
..... have been grievously  
injured in motor vehicle accident hereby apply for grant of compensation  
for the grievous injuries sustained. Necessary particulars in respect of the  
injury sustained by me are given below.

I .....Son of/daughter  
of/widow of Shri..... residing at .....  
..... hereby apply as  
legal representative/agent for the grant of compensation on account of  
death/injuries sustained by Shri/Smt./Kumari .....  
Son of/widow of/daughter of Shri ..... Who  
died/had sustained injuries in a motor vehicle accident on.....  
At .....

Particulars in respect of accident and other information are given below:

1. Name & father's name of person injured/died (husband's name in case of married woman or widow).

.....

2. Address of the person injured/dead:

.....

3. Age ..... Date of birth.....

4. Sex of the person injured/died:

5. Place, date and time of the accident:

6. Occupation of the person injured/dead:

7. Nature of injuries sustained :

8. Name of Address of Police Station in whose jurisdiction accident took place or was registered:

9. Name and Address of the Medical Officer/Practitioner who attended on the injured/dead:

10. Name and Address of claimant/claimants:

11. Relationship with the deceased:

12. Have you made any application for compensation to  
MACT/Authorities under solatium Scheme
13. If so whether the amount (a) approved but not paid. (b) paid.
14. Any other information that may be considered necessary or  
helpful in the disposal of the claim:
15. I am attaching following documents
- a) Death Certificate
  - b) Legal Heir Certificate
  - c) Copy of FIR
  - d) Copy of Post Mortem Report
  - e) Copy of Insurance Certificate
  - f) Copy of Driving license
  - g) Any other Document

I here by swear and affirm that all the facts noted above are true to  
the best of my knowledge and belief

Signature of the Claimant